



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution:

Bethany Home Sioux Falls 1901 S. Holly Ave, Sioux Falls

Address:

3008 E Aspen Blvd. Brandon, SD

Phone Number:

605-582-8622

Fax Number:

SF-605-338-2351

E-mail Addresses of Primary Coordinator and/or Instructor:

j.pendergraft@bethanyhome.com/ttop



Request New Program Coordinator

must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Tamara Top	IA	095822	5-15-15	80th RN



Request New Primary Instructor

as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)

☐ Attach curriculum vita, resume, or work history,

☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Lois Tim	SD	R014757	1-4-13	80th RN



Request New Supplemental Personnel

to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)

☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
See attached page				

Program Coordinator Signature:

80th for T. Top

Date:

7-26-12 Signed by Tammy Top 7/30/12 - 80th RN

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	7/30/12	Date Application Denied:	
Date Approved:	7/31/12	Reason for Denial:	
Expiration Date of Approval:	July 2014 June		
Board Representative:	80th RN		
Date Notice Sent to Institution:	7/31/12		

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Lisa Richards, RN	SD	RD-37386	3-9-13	SDBON 6/11/12
Bonnie Burkett, SW	SD	2379	2013	SDBON 6/11/12
Christy L. Wright, LPN	SD	PO10454	12-14-12	SDBON 6/11/12
Heather Coffey, RN	SD	RD39502	8-24-13	SDBON 6/11/12

verified E
SD Bd of
SW Exam.

Co Program Coordinators: J. Pendergraft and T. Top

Co-Primary Instructors: Lois Tim and Chantal Beeners

Additional Supplemental Personnel submitted by T. Top, RN:

JoAnn Widrig SD R039899 Exp 3-14-14 Verified by S. Orth RN

Kim Jorgenson SD R031002 Exp 5-12-13 Verified by S. Orth RN

Program due for Reapproval June of 2014

S. Orth